



Dear Greenville Area Paratransit **(GAP)** Applicant:

GAP provides rides for individuals who are eligible for paratransit service as outlined by the Americans with Disabilities Act (ADA) as someone who, because of a disability, is unable to use Greenlink's fixed route bus service.

GAP provides shared rides and origin-to-destination pick up on the same days and during the same service hours as Greenlink's fixed route bus service: Monday – Friday 5:30 a.m. – 7:30 p.m.; and Saturday 8:30 a.m. – 6:30 p.m.

All riders must pay a fee of \$3.00 each way. The driver cannot make change, therefore GAP riders must have the exact fare in the form of cash or a check when boarding the van.

Individuals applying for GAP service must complete the attached application. You must complete all pages, with the last page completed by your physician. This application may be returned by postal mail or by fax. The application also is available online at [www.RideGreenlink.com](http://www.RideGreenlink.com).

If you have questions, please call or email the GAP Specialists below:

Kitty Morgan  
(864) 467-2759  
[cmorgan@greenvillesc.gov](mailto:cmorgan@greenvillesc.gov)

Teresa Duck  
(864) 467-2759  
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**GREENLINK USE ONLY**

\_\_\_\_ New Application      \_\_\_\_ Renewal Application

Client # \_\_\_\_\_ Issue Date \_\_\_\_\_

Exp. Date \_\_\_\_\_ Eligibility Code \_\_\_\_\_

**APPLICATION FOR ADA / GREENVILLE AREA PARATRANSIT (GAP) SERVICE (PLEASE PRINT)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

☐ Male    ☐ Female    DOB (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_    Card # \_\_\_\_\_

For compliance with Greenville Department of Social Services reporting requirements, please check the applicable box below:

☐ Alien Non-Resident    ☐ Asian or Pacific Islander    ☐ Hispanic  
☐ African American    ☐ Caucasian    ☐ Indian or Native American

**MOBILITY INFORMATION**

Which of these mobility aids or equipment do you use to help you get where you need to go? (Please check all that apply.)

☐ Manual Wheelchair    ☐ Portable Oxygen    ☐ Picture Board  
☐ Motorized Wheelchair    ☐ Service Animal    ☐ Other \_\_\_\_\_  
☐ Motorized Scooter/Cart    ☐ Alphabet Board    \_\_\_\_\_

If you use a wheelchair or scooter/cart, what are the physical dimensions of the chair, including foot or head extensions (in inches)?    Width \_\_\_\_\_ Height \_\_\_\_\_ Length \_\_\_\_\_

Using a mobility aid on your own, how many blocks (500 feet) can you go on level ground?

☐ None    ☐ Less than 2    ☐ 2 to 4    ☐ More than 4

If you were to ride Greenlink's regular fixed route bus, would you need someone with you?

- |   |  |
|---|--|
| <input type="checkbox"/> Always to help me get to or from the bus stop. | <input type="checkbox"/> Sometimes to help me get to or from the bus stop. |
| <input type="checkbox"/> Always to help me get on or off the bus.       | <input type="checkbox"/> Sometimes to help me get on or off the bus.       |
| <input type="checkbox"/> Always to help me get where I'm going.         | <input type="checkbox"/> Sometimes to help me get where I'm going.         |
| <input type="checkbox"/> No   |  |

Have you ever had any training to learn how to access the regular fixed route bus?

- ☐ Yes ☐ No

If yes, where was the training held? \_\_\_\_\_

I learned (please check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> General bus travel              | <input type="checkbox"/> How to ride specific routes | <input type="checkbox"/> I completed the training |
| <input type="checkbox"/> I did not complete the training |  |   |

If you answered 'No' to the question above, would you like a Greenlink employee to contact you to discuss training on how to use the fixed route bus system? ☐ Yes ☐ No

The disability that prevents me from using the regular fixed route buses would place me in the following category:

- ☐ I am unable to ride the Greenlink bus without the assistance of someone else.  
☐ The bus stop is not accessible due to lack of sidewalks or curb cuts.  
☐ My disability prevents me from getting to and from the bus stop.  
☐ My disability does not prevent me from riding the Greenlink bus.

Please list your disabling condition(s): \_\_\_\_\_

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Please explain how your disability prevents you from using the regular fixed route bus system. Please be specific and attach separate sheets, if necessary. \_\_\_\_\_

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Is your health condition or disability temporary?

- ☐ Yes ☐ No ☐ I don't know.

If yes, how long do you expect it to last? \_\_\_\_\_

Do changes in the weather (extreme heat, cold, wind, rain, snow or ice) prevent you from getting around on your own?

☐ Yes      ☐ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Do you ride the regular fixed route bus?

☐ Yes      ☐ No

If yes, how many days per week? \_\_\_\_\_

Can you communicate with a bus driver yourself or with the help of an aid such as a letter board?

☐ Yes      ☐ No

How many blocks do you need to travel to get to the nearest bus stop?

☐ Less than 2      ☐ 2 to 4      ☐ More than 4      ☐ I'm not sure

How long are you able to wait at a bus stop? \_\_\_\_\_ minutes.

Can you walk up and down, or climb 10-inch steps without assistance?

☐ Yes      ☐ No

Are you able to maneuver onto or off of a wheelchair ramp without assistance?

☐ Yes      ☐ No

Are you able to identify the correct bus?

☐ Yes      ☐ No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to read, hear, understand and/or process information, schedules or directions which are needed to make necessary decisions during a trip?

☐ Yes      ☐ No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you prevented from traveling to or from a boarding location for one or more of the following reasons?

(Please check all that apply.)

☐ Inability to negotiate hilly terrain.

☐ Hyper-fatigue, frailty.

☐ Allergies/environmental sensitivities.

☐ Inability to cross busy intersections

☐ Night blindness.

☐ Extreme sensitivity to climatic conditions.

☐ Other. Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you able to give addresses and telephone numbers upon request?

☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you able to deal with unexpected situations or changes in routine?

☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you able to detect curbs and other drop-offs?

☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have the ability to travel streets without traffic control lights?

☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you legally blind? (Legally blind is defined as: The visual acuity in your best eye with best correction is no better than 20/200, or the visual field of the best eye is constricted to less than 20 degrees.)

☐ Yes ☐ No Visual Acuity: \_\_\_\_\_ Right Eye \_\_\_\_\_ Left Eye

Do you have limited vision?

☐ Yes      ☐ No

If yes, how does this affect your ability to ride the fixed route bus? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you able to handle/grasp coins, tickets, railings and handles?

☐ Yes      ☐ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### APPLICANT SIGNATURE

I certify that the information in this application is true and correct. I understand that falsification of information may result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I requested will be disclosed to those who perform those services. I understand that Greenlink Transit may contact the health care professional who has completed the Professional Verification attached to this application, in order to confirm the information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Person completing this form on behalf of the applicant. Please check one:

☐ I certify that information provided in this application is true and correct based upon information given me by the applicant.

☐ I certify that the information provided in this application is true and correct based upon my knowledge of the applicant's health condition or disability.

Exceptions or Additions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name (Please print.) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PROFESSIONAL VERIFICATION

Patient's Name \_\_\_\_\_

This verification will assist in determining if the applicant is unable to ride the regular fixed route bus system and therefore eligible for Paratransit (ADA) bus service for all or some trip requests based upon his/her functional ability. **This portion must be completed by one of the following recognized professionals: Physician; Physician's Assistant; Nurse Practitioner; Registered Nurse; Psychologist; Chiropractor; Physical Therapist; Mental Health Counselor; Social Worker; Occupational Therapist; Respiratory Therapist; Vocational Rehabilitation Counselor; or Recreation Therapist employed by a medical facility.** All information will be kept confidential. Thank you for your assistance.

**NOTE:** All Greenlink fixed route buses are low-floor vehicles equipped with ramps to accommodate persons with wheelchairs or those who cannot climb stairs. The definition of a fixed route bus is one that travels along a fixed route with a set time schedule. Whereas, Paratransit buses are smaller vehicles that are low-floor with wheelchair ramps that transport only those passengers that are ADA disabled and unable to ride the fixed route bus system. Paratransit buses require a reservation and are operated on a demand-response basis providing origin-to-destination service.

Capacity in which you know the applicant: \_\_\_\_\_

Is the applicant able to travel on a fixed route bus that is wheelchair accessible or does he/she need Paratransit service?

☐ Yes, the applicant can travel on a fixed route bus. ☐ No, the applicant needs Paratransit service.

If No, what is the functional impairment that prevents the applicant from traveling on the fixed route bus?

\_\_\_\_\_

Is this condition temporary? ☐ No ☐ Yes, for \_\_\_\_\_ months.

Please provide any additional information that may help us determine eligibility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have reviewed all of the information contained in this application, and hereby certify that all information is true and correct to be the best of my knowledge and ability.

Name (Please print.) \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_